

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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10						
11						
12						
13	1					
14		4				
15			1			
16			1			
17			1			
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	21	21	21	21	21	21
TOTAL CLAIMS	22	22	22	22	22	22

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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TOTAL CLAIMS												